

TRADITIONAL MEDICINAL PLANTS : ANCIENT AND MODERN APPROACH

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ABSTRACT: *History of medicine and plants dates back to remote past when herbal treatment was the only answer to all kind of ailments. Nowadays, greater emphasis is again being laid to phytotherapy all over the world. Besides, cultivation-cum-setting up herbal gardens are also mooted on hills and plain areas as management of all kinds of diseases is possible through plant drugs sans toxicity.*

INTRODUCTION

Charaka, the ancient Indian physician, was asked by his teacher to bring plants which were absolutely useless. He returned empty handed. There was no such plant.

Phytotherapy, a treatment with plants and herbs was considered one time to be more efficacious than the use of individual compounds. The view is widely held, however, that when the other compounds are blended in with the main active principle they do, in fact play an active role through catalytic action either by stimulating or inhibiting it. The reason for using the whole plant is that it is impossible to reproduce synthetically all its elaborate compounds as well as the fact, unproved but suggested by experiments, that its gentle curative action may be due to the low concentration of compounds in it. But this theory lacks scientific backgrounds and does not have clear mechanism of action and thus not welcomed all over the world but as being one of the choice of treatment in Asian peninsular and also this region is very rich in these plants, herbal medicine has still been practiced here from the time immemorial.

Nowadays, greater emphasis is being laid to revive it all over the world and in this respect a call has been given by world Health Organisation for its revival.

The science of medicine and botany have been closely linked from the earliest times and the contribution of plants in medicines or his history of medicine and plants dates back to remote past when herbal treatment was the only answer to all kind of ailments.

In India the first information regarding the use of medicinal plants is mentioned in RIGVEDA written between 4500 and 1600 B.C., perhaps the oldest repository of human knowledge as far as history of medicine in India is concerned. Other ancient books on herbalism are SUSRUTA SAMHITA and CHARAKA SAMHITA which give remarkable description of Indian Materia Medica. However, not much work has one in this area till early twentieth century.

The British started systematic identification and survey of Indian medicinal Plants in 1920. After independence the Indian

council of Agricultural Research and CSIR took up all India survey of medicinal and poisonous plants but this yet to be fully completed. Again Publication and Information Directorate (PID) division of CSIR has been nominated by UNESCO as the nodal agency for collecting information on medicinal and aromatic plant of the country considering India has the largest variety of medicinal plants due to its vastness and varying geographic and climatic conditions. Of nearly 2000 medicines available in the country only about 200 are of mineral and animal origin and the rest based on plants. There are 20,000 medicinal plants that can be used for curative purposes according to World Health Organisation (WHO).

India is leading member of the Asia and Pacific Information Network on Medicinal and Aromatic Plants (APINMAP) set up UNESCO and a National Committee has been set up in the country. The idea to set up APINMAP was taken in 1985 after study was conducted by UNESCO about the medicinal and aromatic plants in South East Asia (SEA) region. APINMAP plants to exchange information between the 13-member countries (China, Taiwan, India, Nepal, Pakistan, Srilanka, Bangladesh, Thailand, Vietnam, South Korea, Malaysia, Papua New Guinea and Australia, Bangkok being the headquarter). The PID section of CSIR will provide computerized report on medicinal and aromatic plant while research institutions in India will do identification, biological screening, chemical investigation, usefulness of plants and bibliographic work.

Of late, the south Asian Association for Regional Cooperation (SAARC) countries emphasized the need for preparing an exhaustive inventory of all medicinal plants in the region, especially these belonging to the forest species. This was decided in the

SAARC seminar on traditional medicines. The cooperation in the region can be facilitated by an exchange of professional, teaching and research staff, improvement of drug manufacturing techniques and capacities and linkages between allopathic medicinal practitioners and traditional medical systems.

Traditional medicines or folk medicines are prolific sources of useful drugs and therefore, great emphasis has now been laid to revive the study of medicinal plants / traditional system of medicine / Indigenous drug. Govt. has formulated diverse schemes to preserve Indian medicines, to produce herbal drugs to open a central cell on medicinal and aromatic plants. Large scale production of medicinal plants are also mooted on Indian hills and plains following scientific extraction of chemicals from them. India grows 1500 to 2000 species of medicinal plants in forest and wastelands most of which have been identified, can be exploited for commercial purposes.

Several UNESCO backed scientific projects studying Grand – mother cures are going on which is concerned with phyto – chemical studies of medicinal plants / herbs used in Europe, Latin America and Asia. The aim of such project is to make rational use of countries natural resources substituting home produced medicine for costly imported drugs and keep people away from the after effects of synthetic medicines. The idea of investigating these centuries old remedies came from the Faculty of chemical Sciences at University of Asuncion and UNESCO. UNESCO has been the executing agency for an undertaking involving both training and research and cooperation of teams of specialists from above countries. Institutes of Pharmacological Biology, Munich (West Germany) doing work on herbal remedies on

heart, liver disorders, rheumatism, arthritis and disease of nervous system. Medical and Pharmaceutical University. Toyama, Japan studying folk medicines on diabetes, malignancy, liver trouble, blood pressure and anti-inflammation. Many countries have gained success in identifying thousand's plants / herbs providing substitutes for allopathic medicines. The chemistry of natural products have wider scope and bright future and therefore, there is clear need for systematic research on medicinal plants / traditional medicine / indigenous drugs folk medicines on modern lines.

What is imperative is what WHO should stand back and evaluate the traditional medicine programme. The programme should continue to act in concert with the organizations, regional offices, encouraging and supporting those countries that are ready to use preparations of traditional medicine within their national health systems as part of their strategy for "Health for all by the year 2000".

Closer link with the institutions working in the field will broaden WHO's capacity to respond meaningfully to interest pressures and demands that may come from various quarters.

The points taken for follow up are:

1. Rational analysis and study of traditional medicine for their possible clinical utility. However, a kind of power plays has often prevented the legitimization of tradition medicine in different walks of life so, it is imperative now to make it separate from all to realize its importance. What is the significance of traditional medicines system in terms of diagnostic therapeutic and rehabilitative

application do we have adequate know – how? How can WHO collect the information, knowledge's that is present in traditional medicine and make it public? WHO may function as a promoter of the public anxious promotion that found in developing / developed countries as well as current technology can be utilized to provide evidence of efficiency and safety, or to prove the 'placebo' effect of some of the productions and remedies that are now-a-days in use in different countries (the placebo effect is the positive therapeutic effect that some patient, desires from a medicament where active properties cannot be shown. This effect is frequently seen in disorders of a psychosomatic nature, and of course the placebo, or inactive drugs much used in modern medicine as in traditional medicine).

2. The collaborating centers that have already been designated in developing and developed countries will continue to carry out relevant research in ethnopharmacology, as well as undertaking epidemiological follow up of their use. They will seek help from chemotonomist to identify potent herbal drugs for anti-fertility effect, heart disease, mental diseases, diabetes, for the treatment of tumor growth and test for their best and safest use these remedies could then be made readily available for public use.
3. Research into traditional medicine is part of a natural health system. Apart from China where a synthesis of traditional drugs are being pursued, countries such of India, Burma, Mexico, Nigeria, Thailand where Traditional medicine is being developed in parallel with allopathic medicine, not

much is known about the possibilities that exist for making use of traditional medicine technology in natural health delivery systems, we need to find out how such proven technology could be incorporated into those national health service systems that are willing to use it. On the basis of research results, WHO will promote the use, where appropriate, of effective traditional medicine and practices at all levels of the health system but particularly through primary health care? WHO will encourage performance for setting up herbal gardens, particularly at the family and community level, to ensure

that safe herbal remedies are available for self-care.

4. How do we train traditional practitioners? How do we introduce elements of traditional medicine of proven value into the curricula of health workers?

A wind of change is blowing in the field of traditional medicine, as in other fields of health care. It is only by being visible and active that WHO will keep abreast of a development which represents a rebirth of the medicine of the past and will help to humanize the medicine of today.

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